



Newsletter  
Of the  
Association of  
Pediatric/Hematology Oncology Nurses  
Southern California Chapter



# SCAPHON SCOOP

I keep hearing that we are going to have this crazy winter, but as I sit writing to you in shorts, a tank top and flip flops at the end of October, I am finding that hard to believe. I am hoping that we will also have some time for cute fall boots before trading them in for wader-ish rain boots come time for El Nino. I love the end of the year, even though it usually comes with its fair share of busy and crazy, because it also gives time for reflection and fun. I've found myself in an extremely busy season lately. My work and personal commitments have left me feeling super over-extended, stressed and struggling to "keep up," but I came across a quote that spoke to me in a unique way:

***"Thankfulness creates gratitude which generates contentment that causes peace."***

It caused me to pause, think and evaluate. In this busy time, I need to stop to find things that lead to peace...and that starts with being thankful. There is always something to be thankful for. There is always something to be happy about....and when you allow those things to truly resonate in your heart, you will find joy and have peace.

I think this quote can also relate to the daily work we do with our patients and families. I know, as do you all, that there are days when it feels like there is no blessing, no relief and little reason to be thankful when working with children fighting cancer and blood diseases. These feelings can stagger us and the families we serve. However, there are always ways, and reasons, to be thankful in the battle. For us--a job, although often coupled with heartache, that gives us a unique opportunity to use the both the biggest parts of our brain and heart to help kids get well. And knowing, no matter what, you did your best for them alongside your family-like colleagues who battle with you and speak the same language of grief and love. For the children and their families—although they will never be thankful directly for the illness....there are reasons to be thankful and things that result in joy and peace...for those who step in and up to help, for laughter and love, for communities that rally around a child fighting a life-threatening illness. I am confident that our families are humbled and find strength in the kindness and care of others (including you!) and they feel peace in their hearts by having had others do something so good for them. Even in the most difficult of times that thankfulness chain can be initiated and can end in joy.

As I think of things that fuel my thankfulness chain, I am reminded of the wonderful local chapter we all have. For the greatest group of nurse volunteers that are the SCAPHON board. For all of you, who affirm us by participating in our activities for your professional development and trust us to give you opportunities to learn, serve, and a place to cultivate a strong professional community. I am truly thankful for work we all do together each day for our patients and for your commitment to your personal development through participation in our chapter activities.

I am looking forward to seeing many of you in December at our final event for 2015. I hope that you will be able to carve sometime away for an evening with friends and colleagues and celebrate another wonderful year of SCAPHON with us. But, no matter what, I hope you take the time to be thankful. That you are able to reflect and think of the ways you've been blessed---even in busy storms—and allow that to generate the joy that we all need in every season.

With many, many thanks!  
Scarlett Czarnecki

## Opportunities for Professional Growth

### **APHON Pediatric Chemotherapy/Biotherapy Provider Course**

13.75 Contact Hours  
Pediatric Chemo/Biotherapy Provider Card

**Children's Hospital Los Angeles**  
**January 19, 20, 2016**  
\$150 CHLA employees  
\$300 Non-CHLA employees

To register, contact Maria Velasco at (323)361-1677 or @  
[mvelasco@chla.usc.edu](mailto:mvelasco@chla.usc.edu)

### **SCAPHON Website On-Line!**

Our website address is:



[www.scaphon.org](http://www.scaphon.org)

### **The SCAPHON website features Information about:**

- ❖ Quarterly Meetings
- ❖ Conferences
- ❖ Scholarships
- ❖ Board Members
- ❖ Downloadable copy of our newsletter
- ❖ Quarterly Dinner Meeting Flyer
- ❖ And now the conference brochure!

Please visit our website often!

*Email our Webmaster with changes to your  
profile*



ASSOCIATION of PEDIATRIC  
HEMATOLOGY/ONCOLOGY NURSES

### **APHON's 40th Annual Conference & Exhibit**

**September 29-October 1, 2016**  
**Indiana Convention Center**

**Indianapolis, IN**

<http://www.aphon.org/meetings/futuredates.cfm>

### **CPHON®**

**Review Course**

**Friday November 20th, 2015**

**8am – 4:30pm @**

**CHLA**

**7<sup>th</sup> Floor Telemedicine Conference Room**

**8 CEUs Offered**

**Cost for non-CHLA employees: \$125**

**Lunch will be provided**

**To register or for questions, please email Diane Altounji at**  
[daltounji@chla.usc.edu](mailto:daltounji@chla.usc.edu)



**Supported by SCAPHON**

For testing information see:

<http://www.oncc.org/certifications/certified-pediatric-hematology-oncology-nurse-cphon>

## **“Leading the Battle”**

**SCAPHON's 30th Annual Conference will be June 2nd and 3<sup>rd</sup>, 2016. We had such a great time last year that we will be returning to the Hyatt Regency in Newport Beach. We have more great speakers and a lot of fun planned so be sure to save the date! Hope to see you there!**

### **The SCAPHON SCOOP**

*Published by  
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Pediatric Hematology/Oncology Nurses  
Southern California Chapter*

**President:** Scarlett Czarnecki  
**Editor:** Deborah Marino

#### **Contributors:**

*Donna Quiroz  
Lynn Schubert  
Sharon Bergeron*



## Education Corner

Sharon Bergeron, RN, BSN, CPON, Research Educator, Hyundai Cancer Institute, CHOC Children's Hospital

### Use of Nivolumab, Novel Immunotherapy, to Treat Relapsed or Refractory Pediatric Solid Tumors

Children with childhood cancer can present in many high risk groups, including those with metastatic disease and those with disease recurrence after frontline therapy. These groups have poor survival rates that have not changed substantially in many years. Current standard regimens for high risk pediatric solid tumors have been employing dose intensive cytotoxic therapy with significant short-term and long-term toxicities; therefore escalating to higher doses is unlikely to improve outcomes and will likely increase toxicity. Thus there is an urgent need to develop new classes of therapeutics based upon biologic insights into the tumor itself or the host response to tumor to treat childhood cancer.

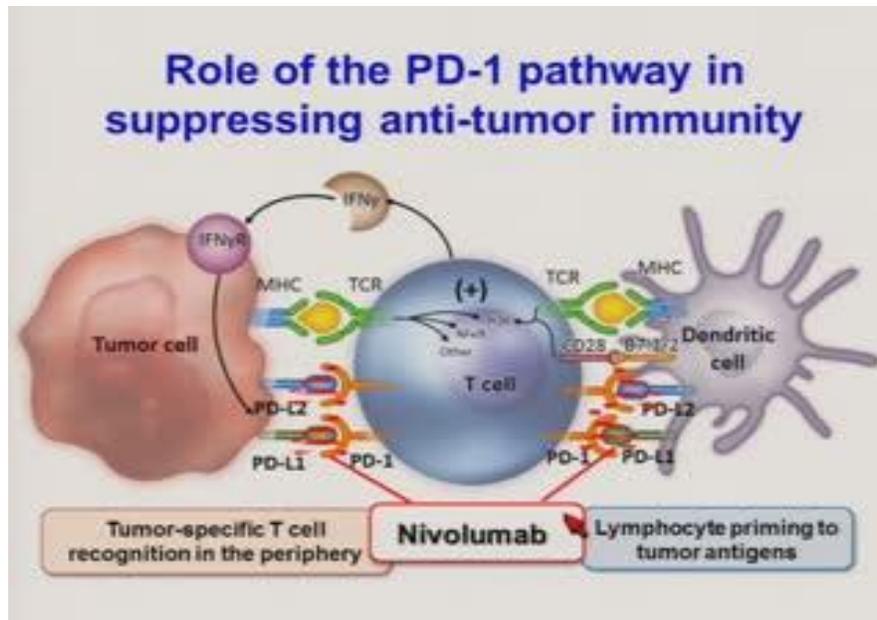
Immunotherapy for treating cancer has recently demonstrated increasing success especially now in pediatric cancer treatment. One such example is the anti-GD2 based immunotherapy regimen following autologous stem cell transplant (ch14.18/IL-2, now Unituxin/IL-2) to treat HR neuroblastoma. Additional examples of such novel immunotherapy agents making their mark in leukemia therapy are genetically engineered T cells (CAR-T-Cells) and bi-specific antibodies that activate host T cells (Blinatumomab). These treatments are now being utilized in relapsed or refractory HR ALL therapy regimens. How exciting!

Another novel immunotherapeutic agent currently being tested in pediatric oncology which is hopeful to demonstrate success especially in the treatment of selected solid tumors and Hodgkin lymphoma is **Nivolumab**. The Children's Oncology Group activated a new Phase 1/2 Study, ADVL1412, which is the first pediatric trial that will determine its tolerability and define and describe the toxicities of **Nivolumab** when administered as a single agent in children with relapsed and refractory solid tumors. There will also be a treatment arm on this study that will include **Nivolumab** given with **Ipilimumab**, a combination regimen that has shown impressive activity in melanoma.

#### How Does the Drug Work?

**Nivolumab** is a humanized monoclonal antibody that blocks the interaction between PD-1 (programmed death receptor-1) and its ligands, PD-L1 and PD-L2. Binding of the PD-1 ligands, PD-L1 and PD-L2, to the PD-1 receptor found on T cells,

inhibits T cell proliferation and cytokine production. Up-regulation (a process that makes cells more responsive to stimuli by increasing the number of receptors on the surface of the cell) of PD-1 ligands occurs in some tumors and signaling through this pathway can contribute to inhibition of active T-cell immune surveillance of tumors.



**Nivolumab** is an FDA approved agent for and specifically indicated in the treatment of patients with unresectable or metastatic melanoma and disease progression following **Ipilimumab**. There have been no pediatric studies testing this agent to date. However, there have been adult studies which have shown antitumor effects with this single agent to treat such diseases as melanoma, non-small cell lung cancer, renal cell carcinoma, and colorectal carcinoma and Hodgkin disease.

Classic Hodgkin lymphoma is characterized by Reed Sternberg cells and there are clinical studies that suggest that Hodgkin Reed Sternberg cells have the programmed cell death-1 (PD-1) pathway. **Nivolumab** is a PD-1 blocking antibody so it is felt that this agent could inhibit tumor immune evasion in patients with relapsed or refractory Hodgkin lymphoma. A clinical study was recently completed treating relapsed or refractory Hodgkin lymphoma patients that demonstrated **Nivolumab** has therapeutic activity and an acceptable safety profile; even for those Hodgkin lymphoma patients previously treated with both autologous HCP cell transplant and brentuximab.

### How is the Drug Administered to the Patient?

**Nivolumab** is supplied as a solution for intravenous infusion. The dose is 3 mg/kg administered as an intravenous infusion over 60 minutes every 2 weeks (Day 1 and Day 15) of a 28-day cycle. Cycles of therapy will continue as long as there is no disease progression, no DLT or other criteria for removal. This agent is compatible with both normal saline and dextrose. **Pre-medication is not required as infusion reactions are rare even when given with Ipilimumab but anaphylactic precautions should be observed during each infusion.** If patients are receiving both **Nivolumab** and **Ipilimumab**: Administer **Nivolumab** as an intravenous infusion over 60 minutes followed by **Ipilimumab** as an intravenous infusion over 90 minutes. **The infusion of**

**Ipilimumab should be initiated no sooner than 30 minutes after completion of the Nivolumab infusion.**

**Common Side Effects of Nivolumab:**

- Rash
- Decreased platelet count
- Fatigue
- Cough
- Nausea
- Pruritus (itching)
- Decreased appetite
- Diarrhea
- **Hypothyroidism**
- **Hypophosphatemia, Hyponatremia, Hypercalcemia**
- Increased lipase, increased liver function tests (which could be signs of potential immune-mediated hepatitis)
- Stomatitis
- **Nivolumab has been associated with more serious side effects that can occur later and are associated with immune-mediated type of reactions** such as immune-mediated pneumonitis (shortness of breath, chest pain, new or worse cough); immune-mediated colitis; immune-mediated hepatitis; hormone gland problems such as thyroid function where both hyper or hypothyroidism were seen; and kidney problems such as nephritis.

**Special Considerations and Monitoring Required:**

- Obtain baseline vital signs immediately prior to initiation of infusion and at end of infusion. The nurse should monitor for allergic reactions during and for at least 1 hour after the infusion of Nivolumab. If patient is receiving Ipilimumab then vital signs should be monitored closely at baseline, then every 15 minutes x 2 then every 30 minutes x 3 beginning at the initiation of Ipilimumab infusion. Although acute infusion reactions or hypersensitivity changes and/or flu-like symptoms are rarely seen with either of these agents when given separately.
- Patients will require pharmacokinetics (PK's), ADA (Anti-drug antibody) and tumor PD-L1 studies while on the COG study.
- Patients will have a disease evaluation at the end of each cycle, i.e. imaging scans as determined by physician and patient's disease.
- Monitor chemistry panels for increased levels of calcium and decreased levels of phosphorus. A few patients have had increased lipase levels as well, which can be concerning for pancreatitis.
- Monitor patient for GI symptoms such as diarrhea and constipation. Nausea is also noted so administer Zofran prior to infusion.
- Monitor for skin changes such as rash and itching and notify physician as necessary to order Benadryl.
- Monitor for the immune-mediated side effects listed above and administer corticosteroids based on the severity of the reaction as determined by the physician.

From the SCAPHON Scholarship Chair . . .

It's not too early to start thinking about 2016 Survivor Scholarships! Thanks to the generous donations and member support of the 2015 SCAPHON Conference raffle, we raised over \$5000 to help support six \$1,000 Survivor Scholarships. Please remember to encourage your patients and families to apply. Scholarship applications are available year-round on [www.scaphon.org](http://www.scaphon.org); please feel free to print these and hand them to your patients and families throughout the year. The 2016 deadline for applications is April 1<sup>st</sup>. The winners will be announced at the 2016 SCAPHON Conference, to be held at the Newport Beach Hyatt. And don't forget to nominate that exceptional coworker for the Kathy Ruccione Award!



Kind Regards,

Kasey Rangan  
SCAPHON Scholarship Chair

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From the SCAPHON Community Service Chair . . .

*Hello SCAPHON –*

*I hope that you enjoyed your summer and are now ready for fall, cooler weather and all things pumpkin. The Community Service Committee is proud to announce our 3rd Annual Canned Food Drive where collected items will be donated to the San Diego Food Bank this year. Please bring your canned and nonperishable food items with you to the December Quarterly on December 8th.*



*Looking ahead to 2016, we will be collecting items for Bags 4 Kids for the annual collection at the Annual Conference. Bags4Kids provides "comfort bags" to children who have been displaced due to neglect, abuse, abandonment. These bags are given to shelters, county offices, resource centers, foster parent agencies, police stations and schools. When children must face this crisis alone, Bags4Kids is there to comfort and aid in this frightening transition. Bags4Kids collects new and gently used back packs, duffle bags, tote and diaper bags, and fills them with various items that will bring comfort to children during transitional times in their lives. Thank you in advance for your generosity!*

*The Community Service Committee, Donna, Jen and Courtney*



**SCAPHON**  
Southern California Association of  
Pediatric Hematology/Oncology Nurses

**Association of Pediatric Hematology/Oncology Nurses  
Southern California Chapter**

*Cordially invites you to attend our  
Quarterly Dinner Meeting and Educational Forum*

**“Navigating Cancer Therapy in the Age of Genomics”**

*By: Deborah Morosini, MD, MSW*

*Sponsored by: **Foundation One***

**December 8th, 2015  
6:30 p.m.**

**Claim Jumper Restaurant  
Fountain Valley**

18050 Brookhurst St.  
Fountain Valley  
(714) 963-6711

**From the 405 Freeway:**

Exit Brookhurst and proceed south.  
Located just south of the 405 Freeway  
at the corner of Brookhurst and Talbert

**Parking is free and readily available**

Approved by the California Board of Registered Nursing  
Provider Number 10530, for 1.0 Contact Hour

*At the conclusion of this presentation,  
The learner will:*

1. Understand genomic sequencing and how it can influence current therapy.
2. Understand DNA alterations in tumors and how it can affect outcomes.
3. Understand how the genomic tumor blueprint can affect physician decisions.

**For more information, contact:**

**Shawna Esarey  
Quarterly Program Planner  
Esarey, Shawna  
sesarey@rchsd.org**

**SCAPHON Quarterly Meeting Registration Form  
Registration Deadline: December 3, 2015**

Yes! I will be attending the SCAPHON Quarterly Dinner Meeting and Educational Forum  
At 6:30 pm on Tuesday, December 8<sup>th</sup> at the Claim Jumper in Fountain Valley

Name: \_\_\_\_\_ Menu selection:  Vegetarian  Meat  Gluten Free

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ APHON Member:  Yes  No

Institution: \_\_\_\_\_ RN License # \_\_\_\_\_

Please return this registration form by December 3, 2015  
Enclose registration fee of \$25 payable to SCAPHON (\$30 if postmarked after December 3, 2015)

Mail to:  
**Shawna Esarey RN, BSN, CPON  
1578 Black Walnut Dr.  
San Marcos, CA 92078**





ASSOCIATION of PEDIATRIC  
HEMATOLOGY/ONCOLOGY NURSES

Anne Nord  
2433 Bywood Drive  
Glendale, CA 91206



**SCAPHON**

Southern California Association of  
Pediatric Hematology/Oncology Nurses



**SAVE THE DATE!**

**SCAPHON'S 30th  
ANNUAL  
CONFERENCE  
June 2<sup>nd</sup>, 3<sup>rd</sup>, 2016**

**THE HYATT  
REGENCY  
NEWPORT BEACH**

**SCAPHON now has a page on Facebook!  
"Like" us to get updates on the events of  
our local chapter!**

**Note:** If you no longer wish to receive the *SCAPHON Scoop* and wish to be removed from the mailing list, please contact Anne Nord @ [ANord@chla.usc.edu](mailto:ANord@chla.usc.edu) or mail notice to 2433 Bywood Drive, Glendale, CA 91206